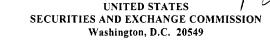
### FORM D

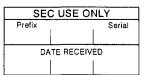


# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

76	716	)					
′	OMB APPROVAL						
	OMB Num	ber:	3235-0076				
	Expires:	April 3	30,2008				
	Expires: April 30,2008 Estimated average burden						
	hours per response 16.00						



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
RAC, Inc. Wisconsin	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	PROCESSE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	SEP 2 8 2006
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
RAC, Inc. Wisconsin	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
221 Woodlake, Kohler, WI 53044	(920) 452-3422
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	ACON BECHNED (CO)
Bank Holding Company	CED O D MINE
Type of Business Organization  corporation  business trust  limited partnership, already formed  limited partnership, to be formed	please specifying
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 3 2 0	nated

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ww

	,									
		44.6		A. BASIC IDE	NTII	FICATION DATA				
2.	Enter the information re	quested for the fol	llowin	g:			11119-11166-1		90401649896666	
	<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer h	as been organized w	ithin 1	the past five years;				
	Each beneficial own	ner having the pow	er to v	ote or dispose, or dir	ect th	e vote or disposition o	of, 10	% or more o	f a clas	s of equity securities of the issuer
		- ,		•		rate general and man	-			
	<ul> <li>Each general and n</li> </ul>				•	J		,	•	•
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full 1	Name (Last name first, i	f individual)								
	ach, Lou D.	i maividuai,								
	ness or Residence Addres Woodlake, Kohler, W	•	Street	, City, State, Zip Co	de)					
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i	f individual)						1 5 5 1 1218		
Busir	ness or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
221 V	Woodlake, Kohler, W	1 53044								
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i sshuesch, Jon W.	f individual)								
Busir	ness or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
221 \	Woodlake, Kohler, W	1 53044								
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	V	Director		General and/or Managing Partner
Full ?	Name (Last name first, i	f individual)								
Jagia	a, Daniel J.									
	ness or Residence Addre Woodlake, Kohler, V		Street	, City, State, Zip Co	ode)					
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	V	Director		General and/or Managing Partner
	Name (Last name first, inmers, Bruce W.	f individual)								
Busir	ness or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
221	Woodlake, Kohler, W	/I 53044								· · · · · · · · · · · · · · · · · · ·
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i herin, John J.	f individual)			• •					
	ness or Residence Addre Woodlake, Kohler, V	•	Street	, City, State, Zip Co	ode)					
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	V	Director		General and/or Managing Partner

221 Woodlake, Kohler, WI 53044

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Myers, Thomas A.

		N d			В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1	Has the	iccuer cold	or does th	e iccuer ir	itend to se	II to non-a	coredited i	nvectors in	this offeri	na?		Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									••••••		X	
2.	What is	the minimu	ım investm			• •					•••••	\$ <del>10.0</del>	00
						-	·					Yes	No
3.		e offering p	-		-							X	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	,	Last name f ette & Woo	-	vidual)			-		·				
		Residence A	•			-	(ip Code)						
		n Avenue, 4			NY 10019	)							
	frey Eva		oker or Dea	пег									
	· · · · · · · · · · · · · · · · · · ·	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States"	or check	individual	States)		••••••	***************************************	,			☑ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	l Name (	Last name f	irst, if indi	vidual)									
Bus	iness or	Residence	Address (N	Jumber an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated Bro	oker or Dea	ıler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		•••••						l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (	Last name f	irst, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated Bro	oker or Dea	aler									
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States"	" or check	individual	States)		•••••		•••••			☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt		
	Equity	\$	\$ 29,392,643.00
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	\$_30,000,000.00	\$ 29,392,643.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 29,392,643.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<b>4</b>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		able
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_20,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$_2,100,000.00
	Other Expenses (identify)		\$
	Total		\$ 2,120,000.00

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 30,000,000.00	9 \$ 29,392,643.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$_29,392,643.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		cable
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_20,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	<u>v</u>	\$_2,100,000.00
	Other Expenses (identify)		\$
	Total		\$_2,120,000.00

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	oss	\$ 27,880,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used to each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate	🗆 \$	
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	\$
	Construction or leasing of plant buildings and facilities	[] \$	_
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗆 \$	<u></u> \$_12,200,000.00
	Repayment of indebtedness	🔲 \$	\$_1,800,000.00
	Working capital and for contribution to bank subsidiary as additional capital to fund growth strategies		
	Other (specify):	_ 🗆 \$	\$
		_ 	\$
	Column Totals	🔲 \$_0.00	\$27,880,000.00
	Total Payments Listed (column totals added)	<b>v</b> \$_2	27,880,000.00
	D. FEDERAL SIGNATURE		
sign	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Com- information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	mission, upon writt	
Issu	uer (Print or Type) Signature	Date	•
RA	AC Inc., Wisconsin	September	11 , 2006
Naı	me of Signer (Print or Type)  Title of Signer (Print or Type)		
Bru	ce W. Lammers President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)